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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/666,445	09/21/2000	Jonathan B. Olson	15226.4	1490

22913 7590 04/08/2005

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EXAMINER	
FRENEL, VANEL	
ART UNIT	**PAPER NUMBER**
3626	

DATE MAILED: 04/08/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	09/666,445	OLSON ET AL.	
	Examiner	Art Unit	
	Vanel Frenel	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *12 January 2005*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1,3-12,15-21,23-25,27-31,33-37 and 39-42* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1,3-12,15-21,23-25,27-31,33-37 and 39-42* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☒ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date *01/12/05*.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application (PTO-152)
6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1. This communication is in response to Amendment filed on 01/12/05. Claims 2, 13-14, 22, 26, 32 and 38 have been canceled. Claims 1, 3-11, 12, 15-21, 23, 24-25, 27-31, 33-37 and 39-42 are pending.

Continued Examination Under 37 CFR 1.114

2. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 01/12/05 has been entered.

Claim Rejections - 35 USC § 103

3. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

4. Claims 1, 3-11, 12, 15-21, 23, 24-25, 27-31, 33-37 and 39-42 are rejected under 35 U.S.C. 103(a) as being unpatentable over McAndrew et al (5,517,405), in view of Joao (6,283,761).

(A) As per claim 1, McAndrew discloses (a) accessing patient data for at least one patient from a patient storage module, the accessed patient data being accessed to assist in the medical care of the at least one patient (See McAndrew, Col.8, lines 60-67); (b) accessing updateable rules and parameters that correspond to one or more medical conditions (See McAndrew, Col.8, lines 60-67), the accessed-updateable rules and parameters being accessed from a medical knowledge module to assist in at least identifying the one or more medical conditions in the at least one patient (See McAndrew, Col.8, lines 60-67 to Col.9, line 8),(c) generating decision-supported patient data for the at least one patient by evaluating, at the decision-support module remote from the mobile user module, the accessed patient data and newly collected patient data for the at least one patient storage using the updateable rules and parameters (See McAndrew, Col.7, lines 1-17), the decision-supported patient data including at least one of (i) one or more potential medical conditions for the at least one patient and (ii) one or more recommendations for medical care for the at least one patient (See McAndrew, Col.9, lines 43-67); (d) transferring decision-supported patient data to the mobile user module such that the clinician can be presented with decision-supported patient data for the at least one patient in a configuration that assists the clinician in treating the at least one patient (See McAndrew, Col.3, lines 25-29; Col.9, lines1-67).

McAndrew does not explicitly disclose in a medical decision-support system, a method for delivering decision-supported patient data from a decision-support module to a mobile user module in a controlled and repeatable manner, and which are usable at

the decision-support module for diagnosing medical conditions of the at least one patient.

However, these features are known in the art, as evidenced by Joao. In particular, Joao teaches in a decision-support system, a method for delivering decision-supported patient data from a decision-support module to a mobile user module in a controlled and repeatable manner, and which are usable at the decision-support module for diagnosing medical conditions of the at least one patient (See Joao, Col.14, lines 49-58).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the features of Joao within the system of McAndrew with the motivation of providing an apparatus and a method for prescribing healthcare treatments, in a network environment (See Joao, Col.8, lines 24-26).

(B) As per claim 3, Joao discloses a method wherein the step of transferring decision-supported patient data to the mobile user module comprises transferring the generated decision-supported patient data such that relevant patient data for the at least one patient can be stored within the mobile user module (See Joao, Col.14, lines 22-58).

(C) As per claim 4, Joao discloses a method wherein the step of transferring the generated decision-supported patient data to the mobile user module comprises transferring the generated decision-supported patient data such that decision-supported

patient data can be presented in at least one of real-time and perceived real-time (See Joao, Col.19, lines 12-40).

(D) As per claim 5, Joao discloses a method wherein the knowledge module comprises at least one database containing expert medical rules and parameters for diagnosing medical conditions (See Joao, Col.19, lines 12-40).

(E) As per claim 6, McAndrew discloses a method wherein the generating decision-supported patient data step comprises of: (a) identifying each patient that the clinician is to examine (Col.9, lines 1-54), (b) searching the accessed patient data corresponding to the patient (Col.8, lines 50-67); applying the accessed updateable rules and parameters to the patient data corresponding to the patient to assist the clinician in determining if the patient has any of the corresponding one or more medical conditions (See McAndrew, Col.7, lines 26-36).

(F) As per claim 7, McAndrew discloses a method, wherein the step of searching comprising: (a) searching a decision-supported module (Col.1, lines 30-67), and (b) searching a medical module (Col.1, lines 30-67).

(H) As per claim 8, Joao discloses a method wherein the generating decision-supported patient data step comprises evaluating the accessed patient data against an insurance carrier (Col.13, lines 8-19), a plurality of database modules, a medical module

(Col.13, lines 52-65), a third-party module (Col.13, lines 20-28), or a user module (Col.14, lines 13-58).

(G) As per claim 9, McAndrew discloses a method wherein the step for accessing updateable rules and parameters comprises the steps of accessing rules and parameters used to automatically generate one of a computerized medical condition diagnosis and computerized medical recommendation (See McAndrew, Col.8, lines 18-49).

(H) As per claim 10, Joao discloses a method wherein the accessing patient data step comprises the step of accessing patient data that was previously received from the mobile user module (See Joao, Col.14, lines 13-58).

(I) As per claim 11, Joao discloses a computer-readable medium having computer-executable instructions for performing the steps recited in claim 1 (Col.13, lines 52-65).

(J) Claim 12 differs from claim 1 by reciting a computer program product for implementing a method for transceiving data between a decision-supported module and a user module, the computer program product comprising.

As per this limitation, it is noted that McAndrew discloses at least one computer readable medium carrying computer-executable instructions for implementing the method, wherein the computer-executable instructions comprise: program code means

for accessing patient data to assist in the medical care of at least one patient (See McAndrew, Col.6, lines 30-58); program code means for accessing updateable rules and parameters corresponding to one or more medical conditions, the accessed-updateable rules and parameters being accessed from a medical knowledge module to assist in at least identifying the one or more medical conditions in the at least one patient (See McAndrew, Col.9, lines 43-67), program code means and which are usable at the decision-support module for diagnosing medical conditions of the at least one patient (See McAndrew, Col.9, lines 43-67), the accessed patient data and newly collected patient data for the at least one patient storage using the updateable rules and parameters, the decision-supported patient data including at least one of (i) one or more potential medical conditions for the at least one patient and (ii) one or more recommendations for medical care for the at least one patient (See McAndrew, Col.8, lines 60-67 to Col.9, line 8); and program code means for transferring decision-supported patient data to the mobile user module such that the clinician can be presented with decision-supported patient data for the at least one patient in a configuration that assists the clinician in treating the at least one patient (See McAndrew, Col.9, lines1-67), and Joao discloses the decision-supported patient data capable of being transferred to the mobile user module (See Joao, Col.14, lines 49-58) (c) generating decision-supported patient data for the at least one patient by evaluating, at the decision-support module remote from the mobile user module (See Joao, Col.14, lines 49-58).

Thus, it is readily apparent that these prior art systems utilize a computer

program product for implementing a method for transceiving data between a decision-support module and a user module to perform their specified function.

The remainder of claim 12 is rejected for the same reason given above for claim 1, and incorporated herein.

(K) Claims 15-21 recite the underlying process steps of the elements of claims 3-11, respectively. As the various elements of claims 3-11 and have been shown to be either disclosed by or obvious in view of the collective teachings of McAndrew and Joao, it is apparent that the apparatus disclosed by the applied prior art performs the recited underlying functions. As such, the limitations recited in claims 15-21 are rejected for the same reasons given above for method claims 15-21, and incorporated herein.

(L) Claim 23 differs from claims 1 and 12 by reciting in a medical decision-support system, a method for accessing decision-supported patient data at a user module, the method comprising the steps of:

As per this limitation, it is noted that McAndrew discloses (a) indicating at least one patient (See McAndrew, Col.8, lines 59-65); newly collected patient data for the at least one patient delivered to a patient storage module along with the updateable rules and parameters corresponding to one or more medical conditions (See McAndrew, Col.9, lines 43-67) the decision-supported patient data including at least one of (i) one or more potential medical conditions for the at least one patient and (ii) one or more recommendations for medical care for the at least one patient (See McAndrew, Col.9,

lines 43-67); and (c) presenting received decision-supported patient data specific to the at least one patient in a configuration that assists the clinician in treating the at least one patient (See McAndrew, Col.9, lines 43-67) and Joao discloses (b) receiving decision-supported patient data corresponding to the at least one patient from a decision-support module, the decision-supported patient data having been generating by evaluating, at the decision-support module remote from the user module, patient data accessed from a patient module (See Joao, Col.14, lines 49-58).

Thus, it is readily apparent that these prior art systems utilize a medical decision-support system, a method for accessing decision-supported patient data at a user module to perform their specified function.

The remainder of claim 23 is rejected for the same reason given above for claims 1 and 12, and incorporated herein.

(M) Claim 24 differs from claims 1, 12, and 23 by reciting a medical decision-support system, comprising.

As per this limitation, it is noted that McAndrew a disclose (a) a decision-support module configured to (i) accessing patient data for at least one patient from a patient storage module, the accessed patient data being accessed to assist in the medical care of the at least one patient (See McAndrew, Col.8, lines 59-65), (ii) accessing updateable rules and parameters that correspond to one or more medical conditions (See McAndrew, Col.7, lines 26-36), the accessed-updateable rules and parameters being accessed to assist in at least identifying the one or more medical conditions in the at

least one patient (See McAndrew, Col.8, lines 38-65), newly collected patient data for the at least one patient delivered to patient storage module using the updateable rules and parameters (See McAndrew, Col.7, lines 1-17), generate decision-supported patient data for the at least one patient by evaluating the accessed patient data, the decision-supported patient data including at least one of (i) one or more potential medical conditions for the at least one patient and (ii) one or more recommendations for medical care for the at least one patient (See McAndrew, Col.8, lines 38-65) and Joao discloses (b) transfer the generated decision-supported patient data to the mobile user module such that the clinician can be presented with decision-supported patient data for the at least one patient in a configuration that assists the clinician in treating the at least one patient (See See Joao, Col.14, lines 49-58); and a user module remotely located from the decision- support module and configured to receive decision-supported patient data from the decision-support module, the mobile user module comprising a user interface configured to present the supported patient data in a configuration that assists the clinician in treating the at least one patient (See Joao, Col.3, lines 1-52; Col.14, lines 49-58).

Thus, it is readily apparent that these prior art systems utilize a medical decision-supported system to perform their specified function.

The remainder of claim 24 is rejected for the same reason given above for claims 1, 12, and 23, and incorporated herein.

(N) As per claim 25, Joao discloses a medical system wherein the medical knowledge module, the knowledge module comprises a plurality of databases (Col.16, lines 33-65).

(O) As per claim 27, Joao discloses a medical decision-support system wherein the decision-support module communicates with the medical knowledge module to generate the decision-supported patient data (See Joao, Col.19, lines 12-40).

(P) As per claim 28, Joao discloses a medical decision-support system wherein the decision-support module comprises a plurality of ancillary modules (Joao, Col.30, lines 39-59).

(Q) As per claim 29, McAndrew discloses a medical decision-support system wherein the medical knowledge module is updateable as more recent medical knowledge corresponding to the one or more medical conditions becomes available (See McAndrew, Col.7, lines 26-58).

(R) As per claim 30, Joao discloses a medical decision-support system wherein decision-support module receives patient data from the user module (Col.14, lines 49-58).

(S) As per claim 31, Joao discloses a medical decision-support system wherein the user module communicates with the decision-supported module by way of a communication protocol selected from the group consisting of (i) a connection orientated protocol and (ii) a connectionless network protocol (Col.24, lines 49-62).

(T) As per claim 33, Joao discloses a medical decision-support system, wherein the user module comprises a mobile user module configured to communicate in real-time with the decision-support module (See Joao, Col.19, lines 12-40).

(U) As per claim 34, Joao discloses a medical decision-support system wherein the decision-support module communicates with the user module via a network (Col.22, lines 64-67).

(V) As per claim 35, Joao discloses a medical decision-support system wherein the network is selected from a group consisting of (i) a local area network, (ii) a wide area network, (iii) a wireless network, (iv) a packetized network, and (v) a real-time network (See Joao, Col.19, lines 12-40).

(W) As per claim 36, Joao discloses a medical decision-support system wherein the decision-supported module communicates with a medical knowledge module to generate the decision-supported patient data (See Joao, Col.19, lines 12-40).

(X) As per claim 37, Joao discloses a medical decision-support system wherein the medical knowledge module comprises a plurality of ancillary modules (Joao, Col.30, lines 39-59).

(Y) As per claim 39, Joao discloses the method wherein the step of presenting received decision-supported patient data comprises a step of presenting received decision-support data via a user interface wherein the user interface comprises one or more of a graphical user interface, an interactive user interface, a voice recognition user interface, and a textual user interface (See Joao, Col.22, lines 23-39).

(Z) As per claim 40, Joao discloses the method wherein the user module is mobile user module (Col.14, lines 49-58).

(AA) As per claim 41,McAndrew discloses the method wherein the accessed updateable rules confirmed to be updated when more recent medical knowledge corresponding to the one or more medical conditions becomes available (See McAndrew, Col.7, lines 26-58).

(BB) As per claim 42, McAndrew discloses the method wherein the accessed updateable rules confirmed to be updated when more recent medical knowledge corresponding to the one or more medical conditions becomes available (See McAndrew, Col.7, lines 26-58).

Response to Arguments

5. Applicant's arguments with respect to claims 1, 3-11, 12, 15-21, 23, 24-25, 27-31, 33-37 and 39-42 have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

6. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not applied art teaches computer implemented patient medication review system and process for the managed care, health care and/or pharmacy industry (6,694,298), method for improving patient compliance with a medical program (2004/0015132) and security badge for automated access control and secure data gathering (5,960,085).

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Vanel Frenel whose telephone number is 703-305-4952. The examiner can normally be reached on Monday-Thursday from 6:30am-5:00pm. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 703-305-9588. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only.

For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

V.F
V.F

March 30, 2005

ALEXANDER KALINOWSKI
PRIMARY EXAMINER